



1130 – Women’s Resource Center/Returning Adult Program
Lansing Community College
P. O. Box 40010
Lansing, Michigan 48901-7210
Phone: (517) 483-1199 Fax: (517) 483-1970
<http://www.lcc.edu/wrc>



Women’s Resource Center Foundation Grant ~~Fall 2009~~, Spring 2010, Summer 2010

The application must be complete, with all questions answered, and submitted to the Women’s Resource Center/Returning Adult Program (WRC/RAP) with all current proof of income, custody, etc. attached by the deadline date in order to be processed. Call (517) 483-1904 as closing hours vary.

ELIGIBILITY

1. **The student’s family gross income must not exceed:**

- \$19,000 self with no dependents
- \$25,000 self with one dependent
- \$27,000 self with two dependents
- \$29,000 self with three dependents
- \$31,000 self with four dependents

Add \$2,000 for each additional dependent. If married, the spouse should be counted as a dependent.

2. These financial grants for Lansing Community College are for individuals whose education has been interrupted and whose high school class graduated **six years** ago or more.

The grant includes up to \$876.00 (Fall/Spring); \$438.00 (Summer) for tuition, \$25.00 registration fee, cost of the required textbooks and course fees up to \$200.00 for each WRC approved courses and help with transportation assistance.

3. Applicants must not have attempted more than 70 semester credits from any college or university. Special consideration may be given to a student who is in her/his final two semesters or enrolled in a curriculum that requires more than 70 credits.

4. **Students are required to apply for the Pell Grant/ FAFSA (Federal Financial Aid) and receive an award or denial letter from Pell before getting assistance. ALL TO-DO items--including Verification requirement--MUST be completed.**

This means that students should apply for Pell immediately to allow time for the application to be processed and an answer received.

If you are ineligible for Pell or in default on a student loan, you may still be eligible for the WRC Foundation Grant.

International VISA holders are ineligible for this scholarship. Students who do not reside in Michigan while taking LCC courses are also ineligible.

The Woman’s Resource Center Foundation grant is made possible through contributions from individual community members and organizations, including Capital Region Community Foundation, Lutheran Campus Ministry at MSU, Zonta Club of Michigan Capital Area, and Zonta Club of Lansing.

5. **CAREER ASSESSMENT** is required and may be satisfied by one of the following options:

- A. Complete the career assessments CHOICES OR FOCUS from any computer or at the Center for Employment Services (CES) Room 218, Gannon Building (GB), (517) 483-1172.

- OR -

- B. Make a Career Counseling appointment at the Counseling & Advising front counter, Room 204, Gannon Building (GB) (517) 483-1904.

Results of your career assessment must be brought to the WRC/RAP.

6. **READING AND WRITING SKILLS ASSESSMENTS** are required and will help students select appropriate courses. A high school diploma or a GED is not needed to be eligible for this grant.

The career assessment and skills assessments must be completed before students may receive tuition, fees, or books.

7. Recipients of the WRC Grant will be selected on the basis of need and demonstrated interest in attending LCC. **The Grant will be made for one semester and must be used for that specified period.** Grants are made in the form of a waiver for tuition. No cash is awarded. **GRANTS ARE BASED ON THE AVAILABILITY OF FUNDS.** Those in greatest need will be served first.

**WRC/RAP OFFICE LOCATION:
Room 204, Gannon Building
Counseling and Advising Center
Main Campus**

FINAL APPLICATION DEADLINE

FALL SEMESTER 2009	JULY 1, 2009
SPRING SEMESTER 2010	NOVEMBER 1, 2009
SUMMER SESSION 2010	MAY 1, 2010

IT IS TO YOUR ADVANTAGE TO TURN IN YOUR APPLICATION AS SOON AS POSSIBLE.

Students eligible Fall 2009 or Spring 2010 will not need to reapply for Summer 2010.

8. This Grant is designed to assist students in obtaining their educational/occupational goal. Eligible courses include those taken toward a certificate or an associate degree, job-oriented courses, those taken for transfer, and Student Development courses.
9. Students who fail to earn a 2.0 semester grade point average or higher may be ineligible or may have their classes limited in future semesters. Drops after the 100% refund time period, Withdrawals ("W") and Incompletes ("I") and lack of satisfactory completion rate will affect subsequent eligibility. No repeat ("R") classes will be funded unless approved by a staff member.
10. Grant recipients are required to meet with a staff member in the WRC/RAP to have courses approved. Students must choose an area of study that has been approved by a WRC/RAP staff person.
11. Grant recipients must be willing to allow their residency status (in or out of district, etc.), courses taken, grades, completion of certificate or degree and the amount of grant awarded be made available to those donors requiring this information for their records.

APPLICATION PROCESS

1. Applications may be picked up at the Women's Resource Center/Returning Adult Program, room 204 Gannon Building, 422 N. Washington Square, Lansing.

DEADLINES:	FALL Semester 2009	July 1, 2009
	SPRING Semester 2010	November 1, 2009
	SUMMER Semester 2010	May 1, 2010

If the deadline falls on the weekend, applications will be accepted the following Monday until closing.

THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND ALL NECESSARY DOCUMENTATION ATTACHED BY THE DEADLINE.

Students eligible Fall 2009 will not need to reapply for Spring 2010 or Summer 2010.

Return application to:	OR	Mail application to:	OR	Fax applications to:
LANSING COMMUNITY COLLEGE Room 204 Counseling and Advising Center Gannon Building 422 N. Washington Square Lansing MI 48933		WRC/RAP - 1130 Lansing Community College P.O. Box 40010 Lansing, MI 48901-7210 Call to verify receipt		WRC/RAP 517-483-1970 Include your full name. Call to verify receipt.

2. **PROOF OF ALL CURRENT INCOME MUST BE ATTACHED WHEN YOU FILE THIS APPLICATION.** This may include current paycheck stubs, or document from employer stating year-to-date salary, letter from Friend of the Court, Department of Human Services (DHS), Social Security, etc. See page see C for information on documentation
3. You will receive a letter notifying you whether or not you are eligible for the WRC Foundation Grant. If you are awarded a grant, you will receive a letter which outlines important deadlines and procedures for your course approval appointment. **You must make an appointment by the deadline date indicated in the letter or your grant will be canceled.** If you have any questions, please call 483-1199.
4. If you have any changes in your contact information, such as phone number, address, or email address, please notify our office by calling 517-483-1199 or submit your changes online on our website www.lcc.edu/wrc.

Application Checklist

Did you prove custody of all dependent children?

You must have any **TWO** pieces of documentation from the examples below for each dependent child.

Child's Medicaid Card	DHS assistance showing child's name
Court Ordered Custody papers	Immunization Record
Divorce Papers	School Record
Child Support Documentation	Birth Certificate
WIC booklet showing child's name	Social Security card

Did you provide documentation for every source of income you marked on the application?

- Applicant's employment and/or Spouse's income: check stubs
- Child Support and/or Alimony: check stub or court order
- Food Assistance: EBT card or letter from DHS
- DHS Cash Assistance: letter from DHS
- Proof of Medicaid: Medicaid card or letter from DHS
- Social Security: Check stub, letter from SSI, or bank statement with deposit
- Unemployment compensation: check stub, or statement of assistance
- Family/friends assistance: letter from family/friend describing assistance
- Housing/public/Section 8 subsidy: official statement of assistance
- Other: description of assistance and documentation

Are you a U.S. national (includes natives of American Samoa or Swain's Island) or a U.S. permanent resident who has an I-151, I-551, or I-551C with an Alien Registration Receipt Card? If you must provide documentation.

If you are not in one of the above categories, you must have an Arrival-Departure Record (I-94) from the U.S. Immigration and Naturalization Service (INS) showing one of the following designations:

- ◆ "Refugee"
- ◆ "Asylum Granted"
- ◆ "Indefinite Parole" and/or "Humanitarian Parole"
- ◆ "Cuban-Haitian Entrant, Status Pending"
- ◆ "Conditional Entrant" (valid only if issued before April 1, 1980)

You are not eligible for federal financial aid if you only have a Notice of Approval to Apply for Permanent Residents (I-171 or I-464). You are also not eligible for federal financial aid if you are in the United States on an F1 or F2 student visa only or on a J1 or J2 exchange visitor visa only. In addition, Persons with G series visas pertaining to international organizations are not eligible for federal student aid.

Are you under the age of 24 and have no dependents?

If you are, you are considered to be a dependent of your parent(s). You must provide proof of your parent(s) income. All dependents in the family, including your parent(s), will be counted to determine eligibility. If you want to be considered an independent student, you must provide us with proof that your parent(s) did not declare you as a dependent on their income tax in 2008 and are not declaring you this year (2009) **and** you must have proof that you have applied for Federal Financial Aid and be determined "Independent by Professional Judgment" (form available at Enrollment Services).

Did you apply for Financial Aid? **Yes/No**

Did you take your Reading and Writing Placement tests? **Yes/No**

Have you applied to be a student at www.lcc.edu? **Yes/No**

Have you had a career assessment? **Yes/No**

~~FALL 2009~~, **SPRING 2010, SUMMER 2010**
LANSING COMMUNITY COLLEGE
WOMEN'S RESOURCE CENTER
FOUNDATION GRANT

NAME: _____ SOCIAL SECURITY #: _____
PREVIOUS NAME: _____ STUDENT NUMBER: _____
ADDRESS: _____ CURRICULUM
CITY: _____ ZIP: _____ NAME/CODE: _____
Home Phone # _____ DATE OF BIRTH: _____
 check box if we should **NOT** call if under age 24 with no dependents, parents income
must be attached.
Work Phone # _____ ARE YOU A U.S. CITIZEN? _____
 check box if we should **NOT** call *If not a U.S. citizen, see page C for required
documentation
EMAIL ADDRESS: _____

In order to determine possible eligibility for tuition assistance, please answer the following questions. The information collected will be used only for this purpose and is considered confidential.

EDUCATIONAL LEVEL

_____ Some high school. If you did not graduate from high school, what is the year the class you would have been in graduated? MONTH _____ YEAR _____

_____ High School graduate or GED? MONTH _____ YEAR _____

_____ Have you had any education or training past high school? Yes _____ NO _____

_____ Name of colleges attended: _____
Dates: _____ Number of credits attempted _____ earned _____

_____ Associate degree, college attended, date received: _____
Degree title: _____

_____ Bachelor's degree, college attended, date received: _____
Degree title: _____

_____ Vocational training, school, date: _____

_____ Total Number of college credits attempted _____ earned _____
If you have attempted over 70 credit hours you will not be eligible for this grant. Special consideration may be given to a student who is in her/his final two semesters or enrolled in a curriculum that requires more than 70 credits.

_____ Are you currently enrolled in any other college? Name: _____
Name of major/curriculum/program/degree: _____

EMPLOYMENT: Applicant must lack the job skills necessary to provide adequate financial support for self and dependents (if any).

Are you presently employed? Yes__ No__

Do you receive paid benefits?

Medical? Yes__ No__ Sick? Yes__ NO__ Vacation? Yes__ No__

EMPLOYMENT:

List current (or if unemployed, most recent) employment first. **This must be filled out.**

Job Title: _____ **Hours per week:** _____

Employer Name: _____

Salary: Hourly rate _____ or gross: **weekly/bi-weekly/monthly:** \$
(circle frequency of pay)

Starting and ending dates: _____

Job Title: _____ **Hours per week:** _____

Employer Name: _____

Salary: Hourly rate _____ or gross **weekly/bi-weekly/monthly:** \$
(circle frequency of pay)

Starting and ending dates: _____

STATEMENT OF PURPOSE

What are your reasons for wanting to attend college?

APPLICANT'S CERTIFICATION:

The conditions of some of our donors require us to report how their donations are used. To provide this information to them, we need your approval.

If I am awarded tuition assistance from the Women's Resource Center Foundation Grant, I authorize the WRC/RAP at Lansing Community College to provide to the donors the amount of my award, my residency status, the specific courses, grades, completion of certificate or degree and the number of credits which were paid for by this grant. No identifying information (such as name, address, student number, etc.) will be released.

I also give permission to the WRC/RAP at Lansing Community College to have access to my enrollment, Financial Aid status, placement test scores, academic progress and grade information.

I understand that the WRC grant funds are limited and may not be available in subsequent semesters.

I further hereby acknowledge that the information submitted here is true and correct and that I understand the conditions as set forth in this application and cover sheet. I understand that COMPLETED APPLICATIONS MUST BE RETURNED BY THE SEMESTER DEADLINE FOR ELIGIBILITY DETERMINATION.

Date

Signature of Applicant

Return application to:

LANSING COMMUNITY COLLEGE
Room 204
Gannon Building
422 N. Washington Square
Lansing MI 48933

OR

Mail application to:

WRC/RAP - 1130
Lansing Community College
P.O. Box 40010
Lansing, MI 48901-7210
Call to verify receipt

OR

Fax applications to:

WRC/RAP
517-483-1970
Include your full name.
Call to verify receipt.

Lansing Community College does not discriminate on the basis of race, religion, age, national origin, sex, marital status, color, height, weight, handicap or sexual orientation in its employment, educational programs or activities. If you feel you have been discriminated against, contact the Equal Opportunity Office at (517) 483-1030.